

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ADA  
12 CV 7516

Marion Francis 66174-054

Anita Garret 67913-054 Regina Lewis 67206-054

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

\_\_\_ Civ. \_\_\_ ( ) ( )

-against-

REQUEST TO PROCEED  
IN FORMA PAUPERIS

The United States of America  
Federal Bureau of Prisons

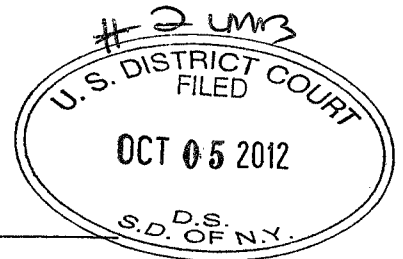


(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, Regina Lewis, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- give the name and address of your employer
  - state the amount of your earnings per month

NONE



2. If you are NOT PRESENTLY EMPLOYED:
- state the date of start and termination of your last employment
  - state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

NO

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

\$ SSI

a) Are you receiving any public benefits?

☐ No.

☒ Yes, \$ Medicaid

b) Do you receive any income from any other source?

☒ No.

☐ Yes, \$ SSI 781.00

Food stamps  
I think  
check stops  
when you  
incarcerated

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☒ No. ☐ Yes, \$ \_\_\_\_\_.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No. ☐ Yes, \$ \_\_\_\_\_.

6. Do you pay for rent or for a mortgage? If so, how much each month?

☐ No. ☒ Yes, 865.00 Subsidized

7. List the person(s) that you pay money to support and the amount you pay each month.

myself living expenses 786.00  
when I'm home.

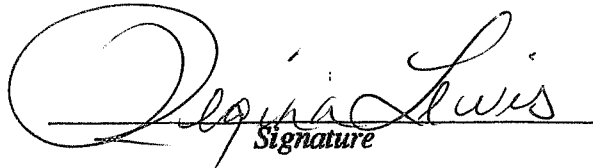
8. State any special financial circumstances which the Court should consider.

I'm in jail and my SSI check has been  
cut. I am an ADA Plaintiff not prose

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of September, 2012  
date month year

  
Signature

I am an ADA Plaintiff not Pro Se

C. Explain why you need an attorney in this case.

I'm mentally Disabled and have Severe behavioral problems for which I'm not being treated for. I have memory, concentration and learning disabilities. I cannot interpret the law, and I have failed to represent myself in every case!

D. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

in prison Unit no access to phone book or phone. Limited communication, no way to access attorneys

E. If you need an attorney who speaks a language other than English, state what language(s) you speak:

NO

2. In further support of my application, I declare that (check appropriate box):

☐ I have previously filed a Request to Proceed *In Forma Pauperis* in this case, and it is a true and correct representation of my current financial status.

☒ I have not previously filed a Request to Proceed *In Forma Pauperis* in this case, and now attach an original Request to Proceed *In Forma Pauperis* detailing my financial status.

☐ I have previously filed a Request to Proceed *In Forma Pauperis* in this case, however, my financial status has changed. I have attached another Request to Proceed *In Forma Pauperis* showing my current financial status.

3. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.

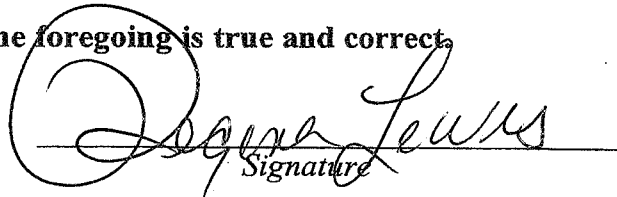
4. I understand that if my answers on this application are false, my case may be dismissed.

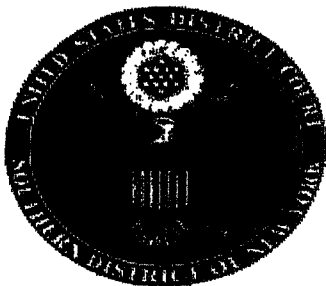
5. I declare under penalty of perjury that the foregoing is true and correct.

Dated:

9-18-12

ADA

  
Signature



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*I don't authorize transaction  
it's a double standard.*

**PRISONER AUTHORIZATION**

*Unconstitutional ADA*

Case Name:

\_\_\_\_\_  
(Enter the full name of the plaintiff(s)) v. \_\_\_\_\_  
(Enter the full name of the defendant(s))

Docket No:

No. \_\_\_\_\_ Civ. \_\_\_\_\_ ( )

(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number.)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

**SIGN AND DATE THE FOLLOWING AUTHORIZATION:**

I, \_\_\_\_\_ (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Southern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Southern District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

Date signed

20

*Wish to be exempt under whatever Act authorizes my exemption.*

Signature of Plaintiff

Prisoner I.D. Number

Name of current facility